



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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December 31, 2009

To: Supervisor Gloria Molina, Chair
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From: *for* William T Fujioka
Chief Executive Officer

Patricia S. Ploehn, LCSW *guish*
Director, Department of Children & Family Services

Robin Kay for
Marvin J. Southard, DSW
Director, Department of Mental Health

**APRIL 28, 2009 AMENDMENT TO ITEM NO. 24: KATIE A. STRATEGIC PLAN,
MONTHLY REPORT ON THE MENTAL HEALTH SCREENING PROCESS**

On April 28, 2009 the Board ordered the Chief Executive Officer (CEO), the Department of Children and Family Services (DCFS), and the Department of Mental Health (DMH) to prepare a monthly report on the mental health screening process beginning May 30, 2009. This report tracks the implementation in Service Planning Area (SPA) 1, 6 and 7 offices of the Coordinated Services Action Team (CSAT) and the Referral Tracking System (RTS) regarding the mental health screening, assessment and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through November 30, 2009.

The RTS Summary Data Report

As discussed in the Katie A. Strategic Plan, the CSAT and RTS provide the organizational structure and system by which DCFS and DMH will ensure and track the mental health screening, assessment, and service linkage process for children in new and currently open DCFS cases. The attached RTS Summary Data Report provides definitions of the three tracks to screening and nineteen (19) data elements

that provide participation rates, timeliness, and the context for greater understanding of factors affecting the service linkage process.

Each RTS Summary Data Report concludes with a summary total, labeled "Cumulative," providing a combined total or average rate achieved for all data elements from all CSAT and RTS operational offices. As noted in previous reports to your Board, the data for the RTS Summary Data Report is continuously entered, with the final compliance rates evident only after 90 days from the date of a newly opened case or the case plan due date for currently open cases. Policy requires a child to be screened within the first 30 calendar days of case opening or case plan due date. Children who screen positive should be referred for mental health services no later than the next 30 days and should begin to receive mental health services no later than 30 days from the date of the referral.

The RTS Summary Data Report, submitted to your Board at the end of the month, was compiled from data entered up to the 18th of the month and represents the work completed up to that date for the previous months' required cases.

Summary Highlights

Data entered as of December 18, 2009 into the Child Welfare Services/Case Management System (CWS/CMS) indicates the year-to-date progress made by SPA 7 from implementation on May 1, 2009 through November 30, 2009, by SPA 6 from implementation on August 1, 2009 through November 30, 2009, and by SPA 1 from implementation on September 1 through November 30, 2009.

- A total of **874** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of a total of **10,517** children potentially requiring a mental health screen, **7,179** children were determined to be in need of a screen, and of those, **6,806** children were screened at a **95%** screening rate.
- Out of **6,806** children screened, **2,616** children screened positive, **55** consents for children to receive mental health services were declined, leaving **2,561** children to be referred for mental health services, and of those, **2,324** children were referred for mental health services at a **91%** referral rate.
- Out of **2,324** children referred for mental health services, **2,101** children received a mental health service activity at a **90%** access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was **22** calendar days.

- The average number of days between a referral for mental health service and the first mental health service activity was 4 calendar days.
- The average number of days between a referral for mental health service and the date of admission into a mental health program was 14 calendar days.

Mental Health Quality

Telephone surveys were conducted by DMH in December as a means of monitoring the quality of mental health services being provided and the level of satisfaction experienced by parents, caregivers and children. Parent advocates employed by DMH administered the survey. It focused on children referred through the CSAT process in August 2009 at the Santa Fe Springs, Belvedere and Compton offices. The survey sample included 61 caregivers and 13 children over the age of 12 years. Of the 61 caregivers, 18 were available for interviews. Of the 13 children, one was available for an interview. Of those caretakers and children interviewed:

- 84% indicated that they were satisfied or very satisfied with the mental health services they were receiving.
- 90% indicated that services were provided in a convenient location.
- 100% indicated that the service provider spoke in their preferred language.
- 100% indicated positive benefits from the mental health services that included improvement in the following areas: coping skills, relationships with family members and peers, and school performance.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6 and 7 continue to present important lessons, namely:

1. As Phase II CSAT planning progresses, the Departments are learning that implementation will differ from Phase I. Prior to Phase I implementation, SPA 1, 6 and 7 DCFS staff and co-located DMH staff established working relationships and processes for service linkage. The introduction of the newly formed Service Linkage Specialist (SLS) role into the existing framework caused some confusion among staff as to their new roles. Phase I offices were the laboratories and provided an enormous amount of input. They were the "trail blazers" and the Departments have learned a great deal from their efforts.
2. Phase I regional offices with thriving CSAT teams and processes were used as models for the development of the CSAT Implementation Checklist (Checklist),

a best practice guide for Phase II CSAT Implementation. Because Phase II offices have not had established teams or processes, their newly created teams will not have to re-learn roles or change pre-existing procedures. However, these offices will have the benefit of the Checklist and other implementation tools developed from lessons learned from Phase I implementation.

3. As SPA 7 concluded its seventh month of CSAT implementation, the RTS revealed fifty-three children in existing cases who required an initial screen, a somewhat higher than previously expected number. A review of those cases uncovered a number of reasons some children in existing cases will be required to be screened many months after CSAT implementation (e.g., cases transferred in from another office or county, cases for which the initial case plan was not completed on time, or cases for which a change in case plan status occurred prior to the case plan due date). More importantly regarding lessons learned, the RTS proves to be a valuable and reliable system that tracks all children in need of a screen, regardless of expectations.
4. Not surprisingly, staff turnover has significantly impacted participation rates. Since implementation of CSAT and the RTS, the Wateridge office lost their MAT Coordinator, SLS, and Screening Clerk to promotion or transfer. During the same period, twenty-one new CSWs began working at the Wateridge office.

SUMMARY

Overall, the year-to-date RTS Summary Data Report results remain very good. The screening, referral, and mental health service access rates have not varied significantly from last month's progress report (94% to 95% for screening, 91% sustained for referral, and 93% to 90% for access rate). A rate of 90% or higher in any category is considered very good primarily because the cumulative rates include cases less than 90 days out from case opening. Additionally, the progress is considered very good given the high number of clients and staff who need to be coordinated and managed in this process. A review of 10,517 children, involving the coordination and work of management and staff across seven regional offices, was required to achieve the year-to-date results.

Furthermore, the survey conducted the last month regarding quality of mental health services provided is promising in that the majority of the respondents continued to report feeling satisfied to very satisfied with the services received and experienced improved relationships, coping skills and school performance from the services received.

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The next report, due to your Board on January 29, 2010, will reflect CSAT activities and RTS data tracking in SPAs 1, 6 and 7 from initial implementation of CSAT through December 31, 2009.

Phase I of the Katie A. Strategic Plan was completed on September 1, 2009 when CSAT was implemented in SPA 1 completing the rollout of the CSAT in the Phase I offices (SPAs 6 and 7 and 1). In the following months efforts will continue to focus on strengthening the strategies integrated into daily practice in SPAs 1, 6 and 7 in full preparation for CSAT implementation in the Phase II offices expected to begin January 2010.

If you have any questions, please call us or your staff may contact Armand Montiel, Assistant Division Chief, DCFS Office of Board Relations, at (213) 351-5530.

PSP:MJS:WTF:
CJS:AO:EMM:dm

Attachment

c: Acting County Counsel
Executive Officer, Board of Supervisors

County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
Data as of December 18, 2009
From May 2009 to November 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	318	461	1,622	2,401
	(2) Number of children currently receiving mental health services	6	28	506	540
	(3) Number of children requiring screens	318	458	921	1,697
	(4) Number of children screened	291	449	900	1,640
	(5) Number of CSWs completing screens	50	61	110	174
	(6) Number of days between case opening/case plan due date and screen	24	51	12	26
	(7) <i>Rate of screening</i>	92%	98%	98%	97%
	(8) Number of children with positive screens	267	129	166	562
	(9) <i>Rate of children with positive screens</i>	92%	29%	18%	34%
	(10) Number of children for whom consent for mental health services is declined	0	0	1	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	262	114	144	520
	(12) Number of children with positive screens determined to be privately insured	0	0	4	4
	(13) Number of children referred for mental health services	264	120	160	544
	(14) Number of days between screening and referral to mental health provider	1	2	4	2
	(15) <i>Rate of referral</i>	99%	93%	97%	97%
	(16) Number of children accessing services	262	110	156	528
	(17) Number of days between referral for mental health services and the provision of a mental health activity	0	3	7	3
	(18) <i>Rate of mental health services</i>	99%	92%	98%	97%
	(19) Waiting times at directly operated clinics or contract providers	10	pending	11	8

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	144	251	771	1,166
	(2) Number of children currently receiving mental health services	1	7	295	303
	(3) Number of children requiring screens	142	245	433	820
	(4) Number of children screened	131	242	432	805
	(5) Number of CSWs completing screens	28	50	103	141
	(6) Number of days between case opening/case plan due date and screen	15	29	8	18
	(7) Rate of screening	92%	99%	100%	98%
	(8) Number of children with positive screens	125	150	134	409
	(9) Rate of children with positive screens	95%	62%	31%	51%
	(10) Number of children for whom consent for mental health services is declined	0	3	3	6
	(11) Number of children with positive screens determined to be EPSDT-eligible	111	131	121	363
	(12) Number of children with positive screens determined to be privately insured	0	0	0	0
	(13) Number of children referred for mental health services	125	130	122	377
	(14) Number of days between screening and referral to mental health provider	1	4	9	5
	(15) Rate of referral	100%	88%	93%	94%
	(16) Number of children accessing services	117	125	112	354
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	5	4
	(18) Rate of mental health services	94%	96%	92%	94%
	(19) Waiting times at directly operated clinics or contract providers	pending	pending	pending	pending

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	69	140	519	728
	(2) Number of children currently receiving mental health services	3	6	228	237
	(3) Number of children requiring screens	69	138	251	458
	(4) Number of children screened	68	130	250	448
	(5) Number of CSWs completing screens	24	30	51	85
	(6) Number of days between case opening/case plan due date and screen	17	29	6	16
	(7) <i>Rate of screening</i>	99%	94%	100%	98%
	(8) Number of children with positive screens	59	56	89	204
	(9) <i>Rate of children with positive screens</i>	87%	43%	36%	46%
	(10) Number of children for whom consent for mental health services is declined	1	9	14	24
	(11) Number of children with positive screens determined to be EPSDT-eligible	55	34	84	173
	(12) Number of children with positive screens determined to be privately insured	1	9	0	10
	(13) Number of children referred for mental health services	55	39	70	164
	(14) Number of days between screening and referral to mental health provider	5	6	9	7
	(15) <i>Rate of referral</i>	95%	83%	93%	91%
	(16) Number of children accessing services	54	31	66	151
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	7	5	5
	(18) <i>Rate of mental health services</i>	98%	79%	94%	92%
	(19) Waiting times at directly operated clinics or contract providers	6	5	15	7

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	86	105	689	880
	(2) Number of children currently receiving mental health services	0	2	280	282
	(3) Number of children requiring screens	86	104	375	565
	(4) Number of children screened	78	92	373	543
	(5) Number of CSWs completing screens	22	19	64	86
	(6) Number of days between case opening/case plan due date and screen	14	31	6	13
	(7) Rate of screening	91%	88%	99%	96%
	(8) Number of children with positive screens	48	37	103	188
	(9) Rate of children with positive screens	62%	40%	28%	35%
	(10) Number of children for whom consent for mental health services is declined	0	1	6	7
	(11) Number of children with positive screens determined to be EPSDT-eligible	46	28	95	169
	(12) Number of children with positive screens determined to be privately insured	0	2	6	8
	(13) Number of children referred for mental health services	44	34	91	169
	(14) Number of days between screening and referral to mental health provider	6	6	6	6
	(15) Rate of referral	92%	94%	94%	93%
	(16) Number of children accessing services	37	22	69	128
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	3	6	5
	(18) Rate of mental health services	84%	65%	76%	76%
	(19) Waiting times at directly operated clinics or contract providers	4	17	22	12

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	251	316	1,439	2,006
	(2) Number of children currently receiving mental health services	6	3	543	552
	(3) Number of children requiring screens	245	289	771	1,305
	(4) Number of children screened	217	280	760	1,257
	(5) Number of CSWs completing screens	50	66	80	160
	(6) Number of days between case opening/case plan due date and screen	27	22	9	20
	(7) Rate of screening	89%	97%	99%	96%
	(8) Number of children with positive screens	175	135	170	480
	(9) Rate of children with positive screens	81%	48%	22%	38%
	(10) Number of children for whom consent for mental health services is declined	0	5	8	13
	(11) Number of children with positive screens determined to be EPSDT-eligible	139	86	146	371
	(12) Number of children with positive screens determined to be privately insured	2	4	1	7
	(13) Number of children referred for mental health services	148	127	160	435
	(14) Number of days between screening and referral to mental health provider	6	6	17	10
	(15) Rate of referral	85%	98%	99%	93%
	(16) Number of children accessing services	128	127	158	413
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	6	7	5
	(18) Rate of mental health services	86%	100%	99%	95%
	(19) Waiting times at directly operated clinics or contract providers	13	26	28	21

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	245	190	1,116	1,551
	(2) Number of children currently receiving mental health services	2	6	471	479
	(3) Number of children requiring screens	243	181	561	985
	(4) Number of children screened	177	138	554	869
	(5) Number of CSWs completing screens	38	48	87	133
	(6) Number of days between case opening/case plan due date and screen	30	25	15	24
	(7) Rate of screening	73%	76%	99%	88%
	(8) Number of children with positive screens	148	46	111	305
	(9) Rate of children with positive screens	84%	33%	20%	35%
	(10) Number of children for whom consent for mental health services is declined	0	0	1	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	130	27	89	246
	(12) Number of children with positive screens determined to be privately insured	0	0	3	3
	(13) Number of children referred for mental health services	137	36	93	266
	(14) Number of days between screening and referral to mental health provider	5	7	6	6
	(15) Rate of referral	93%	78%	85%	88%
	(16) Number of children accessing services	99	33	81	213
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	6	10	6
	(18) Rate of mental health services	72%	92%	87%	80%
	(19) Waiting times at directly operated clinics or contract providers	pending	16	20	18

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	212	472	1,101	1,785
	(2) Number of children currently receiving mental health services	1	10	341	352
	(3) Number of children requiring screens	211	463	675	1,349
	(4) Number of children screened	183	416	645	1,244
	(5) Number of CSWs completing screens	36	57	113	178
	(6) Number of days between case opening/case plan due date and screen	29	38	2	25
	(7) Rate of screening	87%	90%	96%	92%
	(8) Number of children with positive screens	168	176	124	468
	(9) Rate of children with positive screens	92%	42%	19%	38%
	(10) Number of children for whom consent for mental health services is declined	0	2	1	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	157	143	75	375
	(12) Number of children with positive screens determined to be privately insured	0	0	1	1
	(13) Number of children referred for mental health services	166	128	75	369
	(14) Number of days between screening and referral to mental health provider	2	14	13	9
	(15) Rate of referral	99%	74%	61%	79%
	(16) Number of children accessing services	139	110	65	314
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	2	3
	(18) Rate of mental health services	84%	86%	87%	85%
	(19) Waiting times at directly operated clinics or contract providers	pending	pending	8	8

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	1,325	1,935	7,257	10,517
	(2) Number of children currently receiving mental health services	19	62	2,664	2,745
	(3) Number of children requiring screens	1,314	1,878	3,987	7,179
	(4) Number of children screened	1,145	1,747	3,914	6,806
	(5) Number of CSWs completing screens	203	309	607	874
	(6) Number of days between case opening/case plan due date and screen	24	33	9	22
	(7) Rate of screening	87%	93%	98%	95%
	(8) Number of children with positive screens	990	729	897	2,616
	(9) Rate of children with positive screens	86%	42%	23%	38%
	(10) Number of children for whom consent for mental health services is declined	1	20	34	55
	(11) Number of children with positive screens determined to be EPSDT-eligible	900	563	754	2,217
	(12) Number of children with positive screens determined to be privately insured	3	15	15	33
	(13) Number of children referred for mental health services	939	614	771	2,324
	(14) Number of days between screening and referral to mental health provider	3	6	10	6
	(15) Rate of referral	95%	87%	89%	91%
	(16) Number of children accessing services	836	558	707	2,101
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	5	6	4
	(18) Rate of mental health services	89%	91%	92%	90%
	(19) Waiting times at directly operated clinics or contract providers	9	18	19	14

Track #1: Newly Detained

All newly detained children eligible for the Multidisciplinary Assessment Team (MAT) program will receive a comprehensive assessment (including mental health) and mental health service linkage. All newly detained children not eligible for MAT, or in a SPA with insufficient capacity, will receive a mental health screening by the CSW using the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Based on a positive mental health screening, children will be referred for mental health services through the co-located DMH staff and/or Service Linkage Specialist (SLS).

Track #2: Newly Open Non-Detained

All newly opened non-detained children (family maintenance or voluntary family reunification) will receive a mental health screening by the CSW using the CIMH/MHST and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Track #3: Existing Open Cases

All existing open cases will receive a mental health screening by the CSW using the CIMH/MHST when the next case plan update is due or a behavioral indicator is present (unless the child is already receiving mental health services) and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Footnotes

(1) Number of children is defined as the total number of children receiving DCFS services within each screening track.

(2) Number of children currently receiving mental health services is the number of children in an existing DCFS case who are currently receiving mental health services, defined as having received a billable mental health service activity within the previous 120 calendar days. The number of children currently receiving mental health services in track one and two is provided for information purposes only. The number of children currently receiving mental health services in track three is provided to show the number of children who are not required to be screened.

(3) Number of children requiring screens is defined as a) the number of newly detained children with a case opening in the month; b) the number of newly open non-detained children with a case opening in the month; c) the number of children in an existing open case, not currently receiving mental health services, with a case plan update due or a behavioral indicator identified requiring the completion of a CIMH/MHST within the month. Additionally, the number of children requiring screens may be reduced by the number of children in cases that were closed or by the number of runaway/abducted children in the 30 day period.

(4) Number of children screened is defined as the total number of DCFS children for whom a CIMH/MHST or a MAT referral is completed. In accordance with the Strategic Plan, all newly detained MAT-eligible children will automatically be referred for a MAT assessment regardless of the CIMH/MHST outcome. Therefore, a referral to the MAT program acts as a positive screening.

(5) Number of CSWs completing screens is defined as the number of CSWs who completed a CIMH/MHST.

(6) Number of days between case opening/case plan due date and screen is defined as the average number of calendar days between the DCFS case opening date or case plan due date and the completion of a CIMH/MHST or MAT referral.

(7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CIMH/MHST or MAT referral.

(8) Number of children with positive screens is defined as the number of children determined to be in need of a mental health assessment because of a positive CIMH/MHST or MAT referral.

(9) Rate of children with positive screens is defined as the percent of children with positive screens out of the total number of children screened.

(10) Number of children for whom consent for mental health services is declined is defined as the number of children for whom consent for mental health services is declined by the parent/legal guardian, the court, and/or a youth age 12 years and older.

(11) Number of children with positive screens determined to be EPSDT-eligible is defined as the number of children identified to be in need of a mental health assessment determined to be insured through the Federal Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

(12) Number of children with positive screens determined to be privately insured is defined as the number of children identified to be in need of a mental health assessment and who are privately insured (Kaiser, Blue Cross, etc.).

(13) Number of children referred for mental health services is defined as the number of children referred for mental health services through all DMH and non-DMH funded programs including MAT, Wraparound, DMH directly operated clinics, other DMH contracted providers, as well as services offered through private insurance, DCFS funded programs or any other type of appropriate mental health provider/program. Additionally, the number of children requiring referral for mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was denied in the 60 day period.

(14) Number of days between screening and referral to mental health provider is defined as the average number of

calendar days between a positive CIMH/MHST or MAT referral and the referral to a mental health provider.

(15) Rate of referral is defined as the percent of children referred to a mental health provider out of the total number with a positive CIMH/MHST or MAT referral.

(16) Number of children accessing services is defined as the number of children referred by DCFS, based upon a positive mental health screening, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc. Additionally, the number of children required to receive mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was revoked in the 90 day period.

(17) Number of days between referral for mental health services and the provision of a mental health activity is defined as the average number of calendar days between referral for mental health services and the provision of a mental health service activity.

(18) Rate of mental health services is defined as the percent of children who receive a mental health service activity out of the total referred from DCFS.

(19) Waiting times at directly operated clinics or contract providers is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.
